SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT **BAYFIELD COUNTY, WISCONSIN**



Permit #:	19-0298
Date:	9-3-19
Amount Paid:	1210 8-15-19
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

Bayfield Co. Zoning Dent

DO NOT START CONS	TRUCTIO	ON <u>UNTIL</u>	ALL PERMITS I	HAVE BEEN ISSUE	O TO APP	PLICANT.					FILL OU	T IN IN	(NO PE	ENCIL)		
TYPE OF PERMIT I	REQUES	TED-	LAN	D USE 🗆 SA	NITAR			CONDITI	The second second second second	CONTRACT CON	SPECIAL	USE	□ B.O.A	A. 🗆 (OTHE	R
Owner's Name:						ng Address:			City/Stat					Telepho	ne:	
DAVID	L	EAR!	Y "	-	17.0). Box 13	04	,	GUL	FSH	CRES	AL.	36.547	N/X		
Address of Property	:				City/	State/Zip:								Cell Pho	ne:	
84421	5 9	11/FR	RIDA	E DRIVE	BA	YFIELD								630 8	317	8327
Contractor:		LAVE		- W. W.		ractor Phone:		Plumber:						Plumber		- 4
REVELATIONS	ARU	HTEC	E/BUILI	DERS CORP			1	PLAKER	TAN F	2WMI	BINGE	HTA		715 6		
Authorized Agent: (Person Sig	ning Appl	ication on behal	f of Owner(s))		t Phone:		Agent Mailir				/Zip):		Written		
WILLIAM I	Y	VDC+	HT2-		715	498 3876	כ	1309	PUB/	YA	VE			Attached Yes		
PROJECT					Tax I					1 //		Recor				Ownership)
LOCATION	Lega	Descrip	tion: (Use T	ax Statement)	48	960							BR	_ 4	59	941
NE 1/4, 5	W_	1/4	Gov't Lot	Lot(s)	сsм 1417	Vol & Page	CSI	VI Doc#	Lot(\$) No	o. Blo	ck(s) No.	Subdi	vision:			
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Section 42	, Tow	nship _)() N, R	ange	W	BAYFIT	EL	D				76.	762		76	
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	N		/Land Withir	1 1000 feet of La		escontinue	_	Distance	Structur	e is fror	n Shorelin	e: feet	□ Y			□ Yes ⊠No
☐ Non-Shoreland	Mc				55.3	es continue		-				leet	XN	lo		KINO
U Won-Shoreland																
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of Completion								Total #			Wh	at Typ	e of			Type of
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material								proper	ty		Is on t	he pro	perty?			property
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	☐ Add	dition/	Alteration	☐ 1-Story +	Loft	Foundat	ion	X 2	×		Sanitary	Specif	y Type	LDING		¥ Well
370,000	☐ Cor	versio	n	☐ 2-Story		□ Slab	IAL	□ 3			ry (Exists			TAN	K	
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	Ш									None						
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			Residence	e (i.e. cabin, h	unting	shack, etc.)						(X)		
(5)	950			with Loft								(Х	,)		
Residential (Jse	X		with a Porc	h O	THEOMED						(12	XO)	12	0
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		X		with a Deck						Г		18	-		12	3.
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_ iviamcipai o	30		Accessory	Building (exp	lain)							(Х)		
			Accessory	Building Add	ition/	Alteration (ex	plain)				(Х	.)		
																1
			Special Us	se: (explain)								(Х)		
			Condition	al Use: (explair	n)							(Х)		
			Other: (ex	and a track							_	(Х)		
			FAILURE TO	OBTAIN A PERMIT					FRMIT W/II	II RECHIT	IN DEMALTI	- C				
I (we) declare that this ap	plication (including a	ny accompanying	information) has been	en examin	ed by me (us) and to	the be	est of my (our) I	knowledge a	and belief it	is true correc	t and com	plete. I (we)	acknowledg	ge that I	l (we) am
(are) responsible for the result of Bayfield County	relying or	this inforr	nation I (we) am	(we) am (are) provid (are) providing in or	mg and the with this a	at it will be relied up pplication. I (we) cor	on by I nsent t	Bayfield County to county officia	y in determir als charged v	ning wheth with admini	er to issue a pe stering county	ermit. I (w ordinanc	e) further acc es to have acc	cept liability cess to the	which above o	may be a described
property at any reasonab	1															

Owner(s): DAVID LEARY (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application) Authorized Agent: WILLAM YUPCHITZ (If you are signing on behalf of the owner(s) a letter of a

Date AUG. 30, 2019

Address to send permit 1309 Du BAY WISCONSIN,

STEVENS Copy of Tax Statement
If you receiltly purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE below: Draw or Sketch your Property (regardless of what you are applying for) Fill Out in Ink - NO PENCIL **Show Location of: Proposed Construction** Show / Indicate: (2)North (N) on Plot Plan (3)Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road) (4)Show: All Existing Structures on your Property Show: (5)(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (7)Show any (*): (*) Wetlands; or (*) Slopes over 20% SEE SITE PLAN ATTACHED Please complete (1) – (7) above (prior to continuing) Changes in plans must be approved by the Planning & Zoning Dept. (8) Setbacks: (measured to the closest point) Description Measurement Description Measurement Setback from the Centerline of Platted Road Feet Setback from the Lake (ordinary high-water mark) Feet Setback from the Established Right-of-Way Setback from the River, Stream, Creek Feet 30 Feet Setback from the Bank or Bluff Feet Setback from the North Lot Line D Feet 100 Setback from the South Lot Line Feet Setback from Wetland Feet Setback from the West Lot Line 80 Feet 20% Slope Area on the property Yes No Setback from the East Lot Line Feet Elevation of Floodplain Setback to Septic Tank or Holding Tank Feet Setback to Well Feet Setback to **Drain Field** Feet Setback to Privy (Portable, Composting) Feet d setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the Prior to the placement or construction of a structure within ten (10) feet of the minimum re other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

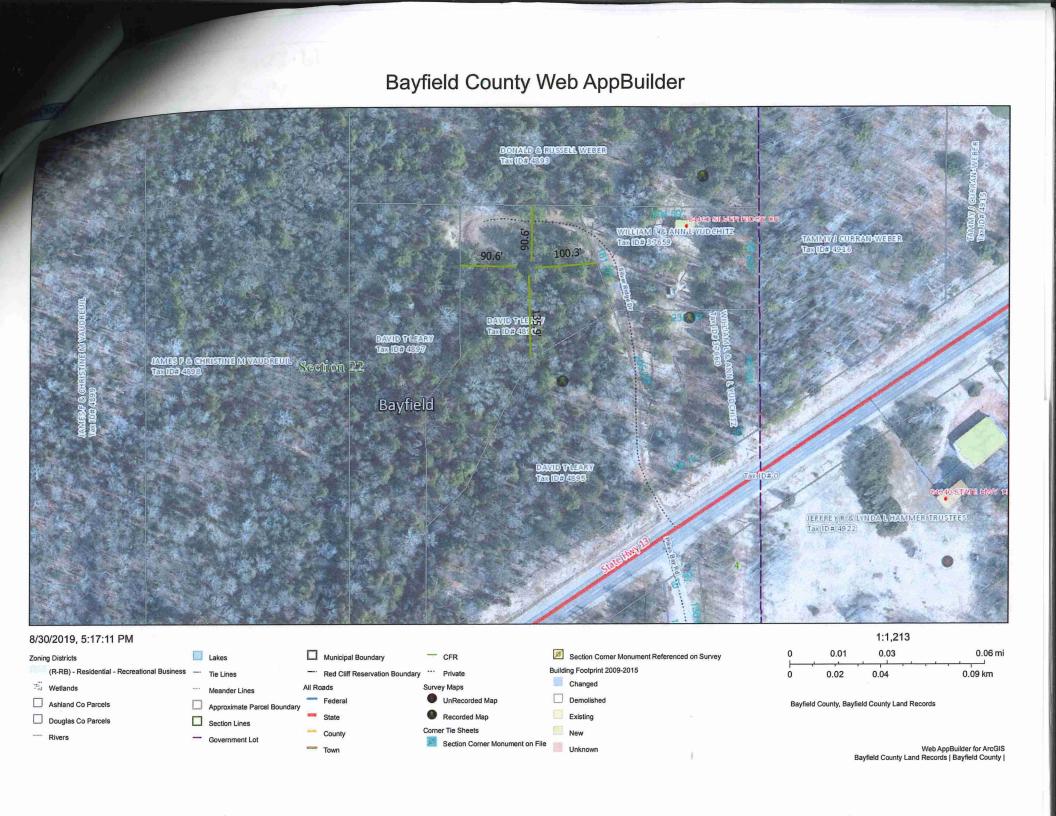
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number:	19-955	# of bedrooms: 3	Sanitary Date: 8 - 22 - 9
Permit Denied (Date):	Reason for Denial:			
Permit #: 19-0598	Permit Date: 9-3	-19		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Record Yes Yes	ous Lot(s)) No	Mitigation Required Mitigation Attached	☐ Yes ☐ No ☐ Yes ☐ No	Affidavit Required Yes No Affidavit Attached Yes No
Granted by Variance (B.O.A.) ☐ Yes ☑ No Case #:		Previously Granted b	y Variance (B.O.A.)	e #:
		Were Property Lin	es Represented by Owner Was Property Surveyed	
Inspection Record: 5, te Well - Stakes an	-d appears Co	ode compliant		Zoning District (ARB) Lakes Classification ()
Date of Inspection: Q , 28 , 19	Inspected by:	L sourou		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attac	hed? 🗆 Yes			
	cont	tracted UDC inspec	ermit from the locally tion agency must be t of construction. Must cks.	
Signature of Inspector: Todd Nover				Date of Approval: 8 30 19
Hold For Sanitary: Hold For TBA:	Hold For Affi	davit: 🗌 🔼	Hold For Fees:	



Village, State or Federal May Also Be Required

SANITARY - 19-95S SIGN -SPECIAL -CONDITIONAL -BOA -

SFILE COPY

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

19-0298 David Leary / William Yudchitz, Agent No. Issued To: Location: **Bavfield** 1/4 of **Township 50** Range 4 Section Town of Gov't Lot Subdivision CSM# 1417 l of Block

For: Residential Use: [1- Story; Residence (12' x 32') = 392 sq. ft.; Screen Porch (12' x 10') = 120 sq. ft.; Deck #1 (8' x 16') = 128 sq. ft.; Deck #2 (8' x 8') = 64 sq. ft.] Total Overall = 704 sq. ft.

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Todd Norwood

Authorized Issuing Official

September 3, 2019

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.

Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

Address to send permit



Permit #:	19-0004T
Date:	9-4-19
Amount Paid:	PI-86-8 CE#
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONS	TRUCTION	UNTIL	ALL PERMITS H	Department. AVE BEEN ISSUE	D TO API	PLICANT.	empera	214	FILL OU	TININK (NO F	ENCIL)		
TYPE OF PERMIT F	REQUEST	ED-	M LAND	OUSE S	ANITAR			TIONAL USE				TUED	
Owner's Name:) U3L 3		ing Address:	LI CONDI	City/State/		USE B.O.	Telephon	OTHER	
Abigail H	Ho		12	-	Po	BOX 157	-7	Bayf		L SU814	·	ne: 715-24-557	
37335 W	Bre	set	k Hill	Road		whed tractor Phone:	Plumber:	4814				09-5573	
Authorized Agent: (Person Sign	ing Appli	cation on behalf	of Owner(s))	Ager	nt Phone:		UV + S ling Address (e/Zip):	779-508/ Authorization			
PROJECT LOCATION	Legal	Descrip	tion: (Use Ta	ax Statement)	Tax I		817		-	Recorded Document: (Showing Ownership)			
1/4,	1	Gov't Lot Lot(s) CSM Vol & Page CSM Doc# Lot(s) No. Block(s) N						Block(s) No.	Subdivision: Dalcyma		1.6		
Section(n	, Towr	nship _	30 N, R	ange 3	W	Town of: Bayfre	ld	1.2	0 //	Lot Size	Acreas		
	Creek			300 feet of R f Floodplain?		eam (incl. Intermitter	nt) Distan	ce Structure	is from Shorelin		Property	Are Wetlands Present?	
☐ Shoreland →	□ Is P	roperty	/Land withir	1000 feet of		nd or Flowage yescontinue —		ce Structure	ls from Shorelin	e:	ne? Yes No	☐ Yes ◯ No	
Non-Shoreland													
Value at Time of Completion * include donated time & material		Proje	ct	# of Stor	ries	Foundation	Total bedro or propo	oms	Sewer/S	nat Type of Sanitary Syster the property?	n	Type of Water on property	
	XNew	Const	ruction	¥ 1-Story		☐ Basement	□ 1						
\$ -	_ Add	ition/	Alteration	1-Story	+ Loft	☐ Foundation	n 💢 2	□ (New) Sanitary	Specify Type:			
97,000		versio		2-Story		X Slab	□ 3	ĮΧ.s	Sanitary (Exists) Specify Type:				
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	Prop		ness on			Use Veer Peur	□ No		ortable (w/ser				
-	1.106	city				☐ Year Rour	iu		Compost Toilet				
									lone				
Evicting Structure									lone				
Existing Structure Proposed Constru	e: (if per		ng applied for	r is relevant to	it)	Length:	feet	Wid	th:	A	ight:	15	
	e: (if per uction:		ng applied for	r is relevant to	it)	Length:		Wid	th:		ight:	Square Footage	
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Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

raw or Sketch your Property (regardless of what you are applying for) Fill Out in Ink - NO PENCIL Show Location of: **Proposed Construction** Show / Indicate: North (N) on Plot Plan (2) (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road) (4)Show: All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) Show: (5) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20% Show any (*): (6)Show any (*): (7)from Center line 128 from Property line Brese SEWER HOUSE Ch 48 X30 Property 1021 Ó 0 24×24 GARAGE 82 GARAGE N+ERLine HOUSE FROM CENTERLINE 132'

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measureme	ent	Description	Measur	rement
Setback from the Centerline of Platted Road	65	Feet	Setback from the Lake (ordinary high-water mark)	NIA	Feet
Setback from the Established Right-of-Way	45	Feet	Setback from the River, Stream, Creek	NIN	Feet
			Setback from the Bank or Bluff	NIA	Feet
Setback from the North Lot Line	65	Feet	4.	,,,,,	
Setback from the South Lot Line	102 90	Feet	Setback from Wetland		Feet
Setback from the West Lot Line	28 23	Feet	20% Slope Area on the property	☐ Yes	□No
Setback from the East Lot Line	132 47	Feet	Elevation of Floodplain		Feet
Setback to Septic Tank or Holding Tank		Feet	Setback to Well		Feet
Setback to Drain Field		Feet	Setback to well		reet
Setback to Privy (Portable, Composting)		Feet			

other previously surveyed corner or marked by a licensed surveyor at the owner's expen

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

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Issuance Information (County Use Only)	Sanitary Number: 7	driff	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:			
Permit #: 19 -0004T	Permit Date: 9-4-	19		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Recon Yes Y	ious Lot(s)) 🖊 No	Mitigation Required Mitigation Attached		Affidavit Required
Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:		Previously Granted by Ves No	y Variance (B.O.A.) Case	#:
Was Parcel Legally Created Was Proposed Building Site Delineated Yes No			es Represented by Owner Was Property Surveyed	Yes No
Vacated to be brildable. Found of Will be code compliant once alle	word price that some survey marke and street off	needs alley a ss and propose ricially becat	nd 18th 5t d house location ted.	Zoning District (RRB) Lakes Classification (
Date of Inspection: 8 - 28 - 19	Inspected by: Todd	Norwood		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Atta Temporary permit expires or for human habitation u Land vou permit must be				unof be used.
Signature of Increasers	A TOTTO	ing street a	and alley being	Vacated.
Signature of Inspector: Told Norwoo				Date of Approval:
Hold For Sanitary: Hold For TBA:	Hold For Affid	avit: 🔲	Hold For Fees:	

City, Village, State or Federal May Also Be Required TEMPORARY

LAND USE - X
SANITARY - City
SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	19-0	0004T		Issued	d To:	Jeffre	/ & Abigail F	Hood							
_ocation	n: -	1/4	of -	1/4	Section	on 6	Township	50	N.	Range	3	W.	Town of	f E	Bayfield
Gov't Lot			Lot	15		Block	82 Su	ubdivisio	n Da	alrympl	e Ad	ditior	n CSM#	ŧ	
or: Res	identia	ı Use:	: [rem	porary	/ beiiii	iit allo	wing existing	9 Julian	26 cc	. <i>4</i> 4 1					
Condition	on(s):	cann	orary	permi	it expi	res on	e year from	issuan il perm	ice. E	Expires nt land	use	tembe permi	er 4, 202 it and Ul	0. S	tructure are issue
		cann Land	oorary ot be l use p	permit	it expi for hur must	res on nan ha be sec	e year from bitation unt ured followi	issuan il perm ing stre	ice. E nanei eet a	Expires nt land	use	tembe permi	er 4, 202 it and Ul		101000
NOTE:		Cann Land	oorary ot be l use p	permit permit	it expi for hur must	res on nan ha be sec	e year from	issuan il perm ing stre	ice. E nanei eet a	Expires nt land	bei	tembe permi ng va To	er 4, 202 it and UI cated.	woo	d
NOTE:	This perm work or la	cann Land nit expire and use in plans nit may b	oorary oot be l use p es one ye has not l s or spec	permit used for permit permit pegun.	it expired in the control of the con	res on man habe sec	e year from abitation untured following the authorized continuity without obtaining lication information.	issuan il perm ing stre	nce. Enanei eet al	Expires nt land	bei	temberming va	er 4, 202 it and UI cated. odd Norv	woo	d fficial

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County

Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

JUL 2 4 2019

Bayfield Co. Zoning Dept.

Permit #:	19-0299
Date:	9-4-19
Amount Paid:	\$757-24-10
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONS	TRUCTION	N <u>UNTIL</u>	ALL PERMITS H	IAVE BEEN ISSUE	TO APP	LICANT.			· F	ILL OUT	IN INK (NC	PENCIL		
TYPE OF PERMIT F	A PROPERTY OF THE PARTY OF THE	ACCOUNT AND	LANI	D USE SA	NITAR	THE RESIDENCE OF THE PARTY OF T	CONDI	STATE OF THE PARTY	Any of the second secon	ECIAL I	JSE □ B.	O.A. 🗆	OTHI	ER
Owner's Name: Je Hrey €			4			ing Address:		City	/State/Zip:			Teleph 715	one:	9-5572
Address of Property		d	0	- .	h0	BOX 157	7	Ba	ytied	W	- 5481			-5573
	2.2	Lí	il Dos	1 .	-	A		0110	<u>-111</u>			Cell Pil	one:	
Contractor:	sette	_ []	ill Rec	40		ractor Phone:	Plumber:	SUR	514			Plumbe	r Phor	ie:
												, idillo		
Authorized Agent: (Person Sigr	ning Appli	cation on behal	f of Owner(s))	Agen	t Phone:	Agent Mai	ling Ad	Idress (include Cit	y/State/	Zip):	Writte		orization
****										- <u>,</u>		☐ Yes		0
PROJECT LOCATION	Legal	Descrip	tion: (Use T	ax Statement)	Tax II	5817				1	Recorded Do		howing	Ownership)
LOCATION		100	Gov't Lot	Lot(s)	CSM	1	SM Doc#	Lotte	s) No. Block(s) No	Subdivision:		,	100
1/4,	1	L/4		20 ((5)		101 01 05	JIVI 200 II	200	syrvo. Diockis		Dalry		dais	ion
Section U	-	1.1	50 N, R	3		Town of:	V				Lot Size	Acre	age	í
Section	, lowi	nship _	N, R	ange	W	Bayfrel	<u>d</u>		1				•	
	☐ Is P	roperty	/Land within	n 300 feet of Riv	er, Stre	eam (incl. Intermittent		ce Stru	cture is from Sh	oreline	: Is you	ır Property	Δ.,	- 14/-41
☐ Shoreland —	Creek			of Floodplain?		escontinue —				f		loodplain Zone?		e Wetland: Present?
Siloreland —	☐ Is P	roperty	/Land within	n 1000 feet of L			Wildelinesson	ce Stru	cture is from Sh		:	Yes		Yes
No a to				-	ii y	rescontinue —				r	eet	No		No
Non-Shoreland										_		7	7	
Value at Time	7						Total	# of						Type of
of Completion * include		Proje	ct	# of Stori	es	Foundation	bedro		Se		at Type of anitary Syst	em		Water
donated time &							prope				ne property			on property
material	VNev	v Const	ruction	1-Story		☐ Basement			Municipa	I/City	Dave ald		4.45	City
_	-		Alteration	1-Story +	Loft	☐ Foundation		-			Specify Type			☐ Well
10,000		version	08	☐ 2-Story		Slab	□ 3		☐ Sanitary (Exists)	Specify Type	e:		
			xisting bldg)			<u> </u>					Vaulted (nin 200 ga	llon)	
		a Busi perty	ness on	`	1	Use	□ No	ne	☐ Portable ☐ Compost		ice contract)			
							_		□ None	·				-
Existing Structure	e (if ner	mit hai	ng applied fo	r is relevant to	+1	Length:		-	Width:			Height:		
Proposed Constr		mit ben	ig applied to	i is relevant to	L)	Length: 24	Feet		Width: 24	Feet		Height:	4	20
	574600									HERVER I				
Proposed Us	e	1				Proposed Struc	ture				Dimens	ions		Square ootage
			Principal	Structure (fir	st struc	cture on property	y)	andelamin			(X)		
	-		Residence	e (i.e. cabin, h	unting	shack, etc.)					(X)		
Residential	Use			with Loft with a Porc	h						(X)		3
				with (2 nd) F	****						(X)		
				with a Dec	<						(X)		
				with (2 nd) [*					(X)		
☐ Commercial	use		D L.L.	with Attacl			(77)				(X)		
						sleeping quarte					(X	, ,	100	
				/Alteration (s		ate)				-	(X	1		
☐ Municipal U	Jse	X				borage				_	1 24 x	14)	4	76
						Alteration (speci					(X)	-	- 4
			Special U	se: (explain)							(X)	3	
			Condition	nal Use: (explai	n)					_	(X)		
			*			<u> </u>					(X)		
I (we) declare that this a	pplication (i	including a	ny accompanyin	g information) has be	en examir	RTING CONSTRUCTION The control of th	e best of my (ou	ır) knowl	ledge and belief it is tr	ue, correc	t and complete. I	(we) acknowle	edge that	: I (we) am
(are) responsible for the result of Bayfield Count	detail and a y relying on	accuracy o this inform	f all information mation I (we) am	I (we) am (are) provid (are) providing in or	ling and th	nat it will be relied upon	by Bayfield Cou	nty in de	etermining whether to	issue a pe	rmit. I (we) furth	er accept liabi	ity which	may be a
property at any reasona	ble time for	the purpo	se of inspection.				11 11		1					
Owner(s):	DIE Owne	ers listed	on the Deed	All Owners must	sign or	letters) of authoriz	ation must a	Comp	any this application	n)	Date 7	-19-1	1	
		nateu	on the beed	CMITETS HIUSE	JIBIT OI	or authorize	acion must d	ccomp	ану инэ аррпсацо					
Authorized Agent	(If yo	u are sie	ning on beha	If of the owner(s) a lette	r of authorization m	ust accompa	ny this	application)		Date			
Address to send p												Attach		
	armit										Conv	of Tax Sta	teme	nt

v: Draw or Sketch your Property (regardless of what you are applying for) Fill Out in Ink - NO PENCIL Show Location of: **Proposed Construction** Show / Indicate: North (N) on Plot Plan (3) Show Location of (*): (*) **Driveway** and (*) **Frontage Road** (Name Frontage Road) Show: (4) All Existing Structures on your Property (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (6)Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (7)Show any (*): (*) Wetlands; or (*) Slopes over 20% 26F4 SEUr CLEAN BRESSETTETIC 100 Ft WAte Bresette Hill Rd OFF Highway 13 ROAD HIGh WAY

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement			Description	Measur	ement
Setback from the Centerline of Platted Road	125	Feet		Setback from the Lake (ordinary high-water mark)	NIA	Feet
Setback from the Established Right-of-Way		Feet		Setback from the River, Stream, Creek	NIA	Feet
				Setback from the Bank or Bluff	NA	Feet
Setback from the North Lot Line	100	Feet		· · · · · · · · · · · · · · · · · · ·	1	
Setback from the South Lot Line	72	Feet		Setback from Wetland	NIA	Feet
Setback from the West Lot Line	40	Feet		20% Slope Area on the property	☐ Yes	□No
Setback from the East Lot Line	124 15'	Feet		Elevation of Floodplain	NIA	Feet
Setback to Septic Tank or Holding Tank	ALG	Feet		Setback to Well	NIA	Feet
Setback to Drain Field	10117	Feet		518.576	1-17	1000
Setback to Privy (Portable, Composting)	WIA	Feet				

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Issuance Information (County Use Only)	Sanitary Number:	ed Cliff	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:			
Permit #: 19-0399	Permit Date: 9-4	-19		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Record) Yes (Fused/Contigue) Yes	ous Lot(s))	Mitigation Required Mitigation Attached	☐ Yes ☐ No ☐ Yes ☐ No	Affidavit Required
Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:		Previously Granted b	y Variance (B.O.A.) Case	· #:
Was Proposed Building Site Delineated Yes No			es Represented by Owner Was Property Surveyed	Yes No
Inspection Record: Site Staked Well and	appears Code	compliant.		Zoning District (RRB) Lakes Classification ()
Date of Inspection: 8-28-19		1 Novard		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attac				
	May not be un habitation. No pressure in s	used for human o water under		
Signature of Inspector: Toda Wowood		ct and mainte	in setlacks	Date of Approval: 8-30-19
Hold For Sanitary: 🗌 Hold For TBA: 🗎	Hold For Affic	davit: 🗌	Hold For Fees:	

City, Village, State or Federal May Also Be Required

LAND USE - X
SANITARY - City
SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	19-	0299	Issue	Issued To: Jeffrey & Abigail Hood								
		4.0										
Location	ion: -	1⁄4 of -	1/4	Section 6	5 Townsh	nip 50	N.	Range	3	W.	Town of	Bayfield
Gov't Lo	.ot	Lot	15	Block	82	Subdivision	on D a	alrymple	e Ad	ditior	CSM#	
1												
For: Re	esidentia	al Accesso	ry Struc	ture: [1 - S	tory, <u>Garag</u>	<u>ie</u> (24' x 2	24') =	576 sq.	ft.]			
O = == di:	:4: o - (o).	May not b	d	for burnen	habitation	No wata	W 11100	lor proce	DUFO	in et	ructuro	Must most and
Conai	ition(s):	maintain			napitation.	No wate	rund	ier pres	sure	III St	ructure. i	Must meet and
NOTE:	This permit expires one year from date of issuance if the authorized construction								Todd Norwood			
	work or land use has not begun.									10	dd Norw	ood
	WOIK OF IE	and use has no	begun.		on the dathone	ed constructi	on					
					de without obtai				A		zed Issuing	
	Changes This pern	in plans or spe nit may be void	cifications or revoked	shall not be ma d if any of the ap	de without obtai	ining approv	al.		Δ	uthoriz	zed Issuing	Official
	Changes This pern	in plans or spe nit may be void	cifications or revoked	shall not be ma	de without obtai	ining approv	al.		A	uthoriz		Official
	Changes This pern to have b This pern	in plans or spe nit may be void leen misreprese nit may be void	cifications or revoked ented, erro or revoked	shall not be ma I if any of the ap neous, or incom	de without obtai oplication inform oplete. ance conditions	ining approv ation is foun	al.		A	uthoriz	zed Issuing	Official